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AUTHOR Laslett, Robert
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ABSTRACT

The monograph looks at changing perceptions of maladjusted children in the United Kingdom from 1945 to 1981. In 1945 these children were first recognized as a category of handicapped pupils in the law and in 1981 the Education Act replaced specified categories of handicap with a concept of special educational provision based on the special educational needs of individual children. Topics considered in the monograph include the following: the 1945 definition of maladjusted children; perceptions of maladjusted children from 1945 to 1970; perceptions of maladjusted children as being ill; maladjustment and emotional disturbance; the Underwood Report (1955) of the Committee on Maladjusted Children; the concept of psychiatric disorder; the Department of Education and Science Circular of March 1975; the behavioral model; the Warnock Report of 1978 by the Committee of Enquiry into the Education of Handicapped Children and Young People. An appendix reviews means of identifying maladjusted children. (DB)

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CHANGING PERCEPTIONS OF MALADJUSTED CHILDREN 1945-1981

by

Robert Laslett

SECOND EDITION

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EDITOR'S PREFACE

Robert Laslett is well qualified to write this monograph about our changing perceptions of maladjusted children since 1945. For more than 30 years he has been at the centre of developments both as a practitioner and as an academic. He has, therefore, been able to produce an extensive and erudite survey of the changes that have taken place during that time.

It would be difficult to deny the importance to all those with responsibilities for maladjusted children of studying these changes carefully. Our changing perceptions have lead to changed concepts of maladjusted children, which have in turn resulted in many changes in the methods of education, treatment and care. Nevertheless, it is salutary to remember that, although individual maladjusted children are all different, the group that we categorise today as maladjusted is not in itself a substantially different group from that of 30 or 40 years ago; the children of which it is composed experience similar anxieties and difficulties and present similar problems for themselves and those who live around them.

We need to examine where these changed perceptions have led us and where they may lead us in the future. If we do not do so, then we may fail those children and young people who depend upon us for help. The need for that help has not changed with our changing perceptions. My gratitude is due to Robert Laslett for the time, care and patience that he has given to the preparation of this monograph. It is is an important study, both in terms of its historical value and in the context of our evaluation of present-day practice.

Anthony Rodway
General Editor

December 1983

INTRODUCTION

It is particularly appropriate to direct attention to the identification and description of maladjusted children in 1983. On April 1st the 1981 Education Act was implemented and the Regulations of that Act have come into force. This is the most significant event in the development of special education since the 1944 Education Act and the appearance of the Handicapped Pupils and School Health Regulations of 1945. It is particularly so for maladjusted children because they were first recognised as a category of handicapped pupils in 1945 and were first defined in the Regulations of that year. Now the categories of handicapped pupils are to disappear as the Department of Education and Science Circular 8/81 makes plain. It states:

> Section 1 of the Act gives effect to the recommendations of the Warnock Committee (Special Educational Needs 1978) that the 1944 Act system of special educational treatment for pupils suffering from a disability of mind or body, who were formerly classified in specified categories of handicap, should be replaced by a concept of special educational provision based on the special educational needs of individual children.

That this represents a significant change in perception of maladjusted children can be appreciated if the original definition of these children is recalled, and compared with the definition of special educational needs as set out in the 1981 Act.

The 1945 definition of maladjusted children went:

> Pupils who show evidence of psychological disturbance or emotional instability and who require special educational treatment in order to affect their personal social or educational readjustment.

The 1981 Act gives this definition:

> A child has special educational needs if he has a learning difficulty which calls for special educational provision to be made for him.

Having defined special educational needs with reference to learning difficulty, the Act then defines this. Section 2 states:

> . . . a child has a learning difficulty if –
>
> (a) he has a significantly greater difficulty in learning than the majority of children of his age; or
> (b) he has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided in schools within the area of the local authority concerned for children of his age. . . .

With regard to maladjusted children, what is particularly interesting and significant (and the significance will become more obvious in the years ahead) in comparing the 1945 definition of them as a category of handicapped pupils, and their inclusion in the 1981 definition of children with special educational needs, is the way in which they are explicitly and

unequivocally defined in reference to their educational needs.

On the face of it, this sounds a strange comment. It is difficult to think about maladjusted children without thinking about educational processes in schools, special schools and special classes or units. As Graham and Rutter point out, the term maladjusted is particularly associated with treatment in schools (Rutter, Tizard and Whitmore 1970). In the 1945 definition, there is the reference to "special educational treatment". But when the 1945 definition is considered, and the influences that affected work with maladjusted children in the years immediately following the appearance of that definition are examined, the statement is not as strange as may first appear.

In this monograph, the reasons for the changing perceptions of maladjusted children during the years 1945-1981 are looked at so that we may trace the progress of ideas that have led to the construing of the problems of the children, for so long defined as maladjusted, not with reference to emotional instability or psychological disturbance but to their special educational needs.

*** Throughout the monograph, I make frequent reference to teachers. This is not because I do not recognise that teachers of maladjusted children are only one group of professionals concerned with the treatment of these children but because, I am writing from the educationist's viewpoint.**

PERCEPTIONS OF MALADJUSTED CHILDREN: THE 1945 DEFINITION

When, for the first time, maladjusted children were officially recognised as a category of handicapped children, what were teachers to make of the definition of these children? How were they to go about their task of providing 'special educational treatment' for them? How far did the terms of the definition itself assist them? In attempting to answer these questions, it is worthwhile to consider the 1945 definition in some detail.

The definition of maladjusted children caused a good deal of difficulty when it appeared first, and it has done ever since. First of all, it is not easy to find common agreement as to what constitutes either 'psychological disturbance' or 'emotional instability.' Holman expresses this succinctly. She comments "The first clause asserts a proposition which is nearly circular, since psychological disturbance and emotional disturbance stand in as much need of definition as maladjusted". (Holman 1953.) As she goes on to point out, it is not clear whether maladjusted children as defined need special educational treatment, as other handicapped children do, and have a need for personal and social readjustment, or was it envisaged that the special educational treatment would, of itself, bring about personal and social readjustment? If the phrase did mean that, to whom might teachers turn for advice on the educational processes that would bring about this readjustment? Teachers at that time had very little to guide them. There was no published literature available except "The Barns Experiment" (Wills 1945). There were no training courses for teachers of maladjusted children – the first available course at the London Institute of Education did not open until 1953. It is little wonder that teachers were uncertain as to how they were to discharge their tasks and that they looked for assistance. Where they looked and the help they found turned out to be significant for the perspective that dominated the education of maladjusted children for a long time after 1945.

Secondly, the actual order of the words 'personal, social or educational readjustment' was not without its significance. Whether the authors of the definition intended it or not, I believe that most teachers in special schools for maladjusted children regarded the phrase as being an order of priorities. First they should attend to the children's personal and social problems and then to their educational difficulties.

Now, it is at least questionable whether this is the order of priorities which we would expect teachers to adopt. As teachers, it would be reasonable to expect them to seek ways of providing special educational treatment as Tansley and Gulliford suggest that teachers might do. (Tansley and Gulliford 1960). They suggest that individualization of treatment, the use of appropriate methods of learning, (including attention to children's motivation, readiness for learning, a practical approach to learning, attention to concept formation, careful grading of work, careful assessment

of progress, consolidation of skills acquired and the use of active methods co-operation with other professionals and providing guidance for parents), are the principles underlying special educational treatment. All of these except the last two are classroom activities that teachers know about. The difficulty of doing what Tansley and Gulliford suggested, and which was good practice in special schools for educationally subnormal children, was that no-one was quite certain whether it would be appropriate for children, who, according to the definition, 'showed evidence of psychological disturbance or emotional instability'. First of all teachers wanted to know what these terms meant, who it was who knew about them, and to whom they might turn for advice and guidance. They tended to turn to those in Child Guidance Clinics who identified children as maladjusted – to psychiatrists.

It is true that it was not psychiatrists alone who identified children as maladjusted because the decision was usually the result of discussions with the educational psychologist and the social worker in the Child Guidance team. But the educational psychologist, in those days, did not have the influence that he or she now has. The School Psychological Service was then only beginning to develop. The educational psychologists were preoccupied with psycho-metrics and had not formulated the clear ideas about treatment of maladjusted children that they now have. The social workers were psychiatric social workers, so that their views were in line with the psychiatrist's views. And not only did psychiatry dominate in the identification of maladjusted children. Because of their training and experience and the skills that they had developed, it was to psychiatrists that teachers turned for advice on the causation of maladjustment and on appropriate ways of helping maladjusted children.

In turning to psychiatrists for advice and explanation, teachers turned to those whose views on maladjusted children fitted the supposed order of priorities already mentioned. In considering the perception of maladjusted children that was dominant in the years immediately following the 1945 definition, it is useful to remember that the idea that teachers should place emphasis first on helping children with their personal and social difficulties began at the time when their best and most accessible advice came from those who perceived maladjustment as symptomatic of some underlying condition – from psychiatrists whose conceptual model is the medical one of illness. It was at this time, I believe, that the belief that 'therapy' was one thing and 'education' was another, began to take root. The fact that the dichotomy is unreal and that educational progress and achievement has a direct bearing on personal and social adjustment, was not properly explored. It was not properly explored because of the influence upon teachers that I have already mentioned; but that, in itself, is not a sufficient explanation of the fact that teachers felt so much at a loss in their efforts to provide special educational treatment. There is also the fact that as the term maladjustment is also used to describe children with very serious problems of adjustment

whose personal difficulties are such that unless these can be resolved or mitigated, they are not likely to benefit much from educational experiences that teachers can provide. It was inevitable that teachers should look for advice from other professionals when working with such children.

Thirdly, because of the imprecision of the 1945 definition, it was used as an administrative convenience rather than a clinical concept, as Ravenette (1972) has pointed out. By using the definition as a kind of catch-all for children showing a wide range of behaviour and learning difficulties, education authorities were able to arrange admission of these children to special schools where they would benefit from special educational treatment. Graham and Rutter emphasise the administrative value of the definition in their comments about the difference between psychiatric disorder and maladjustment. They state "Maladjustment has been defined in a variety of ways but most definitions have included the concept of need for treatment . . . and its chief purpose . . . has been to provide a label under which special education may be provided according to the Handicapped Pupils and School Health Regulations".

That the label to which Graham and Rutter refer has certainly been applied to a wide range of problems is borne out by the experience of schools for maladjusted children. It is also borne out by the "Grouping of Symptoms Which May be Indicative of Maladjustment" published in Appendix B of the 1955 Underwood Report. A glance through the 64 symptoms (this is not including 'etc' and 'unclassified') listed in that appendix emphasises that the term cannot apply to a clearly defined condition.

Galloway and Goodwin (1979) made a trenchant criticism of the term maladjustment. They comment "The term has no clinical significance and is vague to the point of meaninglessness," and go on to suggest that "the question facing teachers and psychologists is not whether a child is maladjusted or not; in view of the confusion about the nature of the term, the answer could only be arbitary and idiosyncratic".

PERCEPTIONS OF MALADJUSTED CHILDREN 1945-1970

The theme of the monograph is the changing perceptions of maladjusted children from 1945-1981. To help in marking out these stages, it is useful to point to some important dates during that period which show when changes in perceptions took place. 1970 is chosen because of the appearance in that year of "Education, Health and Behaviour" (Rutter, Tizard and Whitmore) which was a most important epidemiological study and which introduced the concept of 'psychiatric disorder'. After 1970 attitudes towards maladjusted children appeared to change as accounts of the behavioural perspective and the use of behaviour modification techniques filtered through from the United States. During the 1970's there

was a perceptible shift away from the paramountcy of medical opinion towards educational and psychological opinion in the identification and treatment of maladjusted children. This was accelerated by the appearance of the Department of Education and Science Circular 2/75 in March 1975. The School Psychological Service increased in influence and effectiveness, and the traditional Child Guidance Service began to wane. By the mid 1970's, the behavioural perspective was very much in evidence. The definition from Kauffman (1977) which is considered later on in the monograph, shows how views of maladjusted children had changed since 1945. The Warnock Report was published in 1978 and the views and recommendations in it made it almost inevitable that legislation would follow it. The 1981 Act, which we shall consider in a later section, epitomises these changes.

It is interesting to identify some of the developments since 1945 which have contributed to this change of attitude. The advent of behaviour modification has already been mentioned. This has had a great effect on the work of educational psychologists who found in it techniques which they could recommend to teachers of maladjusted children. At the same time, other developments contributed to the increasing influence of educational psychologists who were able to tell teachers about direct methods of intervention with maladjusted children. Traditional child guidance approaches were not adequate to provide enough immediate help to teachers who were not only concerned about the number of maladjusted children in the schools but also about the number of disruptive pupils. It was in the seventies, and especially after the raising of the school leaving age in September 1972, that the problems caused by disruptive pupils began to attract widespread attention. Although the nature and extent of the difficulties caused by disruptive pupils were frequently exaggerated by the media (Laslett 1977) there was no doubt that many teachers were confronted with problems of classroom management for which their training and experience had not prepared them. Teachers needed immediate help. The well tried Child Guidance system, with its inevitable delays, was not appropriate. Furthermore, the basis of Child Guidance intervention was challenged. Adoption of the behavioural perspective implied that it was the interactions *in the classroom* that were at the root of behavioural and learning difficulties, so that seeing a child away from the environment which made disruptive behaviour and unsatisfactory learning more probable, was an unprofitable undertaking. Impatience with traditional Child Guidance practice was trenchantly expressed in the summer issue of the London Educational Review (1973). Tizard, in that publication, took a long look at this practice, and his comments showed that he did not much like what he saw.

Another discordant note was struck by Shepherd, Oppenheim and Mitchell (1966). They found that the rate of improvement in children attending Child Guidance Clinics was not significantly greater than the rate

of improvement shown by children who did not attend, despite the similarity of disorders shown by both groups. In the discussions of the effectiveness of Child Guidance practices, frequent references were made to Levitt's contention that there was no convincing evidence that psycho-therapy was effective as a method of treatment of children with behaviour disorders. Although reference to Levitt's work (Levitt 1957 and 1963) was not altogether fair, because Child Guidance Clinics did much else beside providing psychotherapy, his findings strengthened the criticisms of those who were unsympathetic to psychotherapy.

There was another strand that contributed to the quest for finding new ways of working with maladjusted children. This came from Hargreaves' work (Hargreaves 1967 and 1972). While maladjusted children are not the same as disruptive children, they resemble them in many ways. When Hargreaves began to direct attention to schools and the ways in which teachers identified and reacted to deviant children, and suggested that teachers looked at the schools themselves as places which made deviance more probable, this added weight to the opinion that schools should find ways of helping children from within their own resources.

In 1945 these developments were not foreseen. When considering perceptions of maladjusted children and prevalent attitudes towards them in the years that immediately followed their first definition, it is fair to say that very little was known about these children. In special education a good deal was known about the other categories of handicapped children. Medical officers, doctors, paediatricians, ophthalmologists, audiometricians, educational psychologists and teachers were making provisions for children with mental, sensory and physical handicaps on the basis of successful assessment and effective intervention. There was a wide range of special schools and hospital provision in each of the ten categories of handicapped children.

With maladjusted children, the situation was different. There were schools for these children and the Child Guidance Clinics made their resources available for individual children. Bridgeland (1977) has described the work of the pioneer figures with maladjusted children, who, on the whole, were working in the independent residential special schools. The only day schools for maladjusted children were at Oxford – Northern House School which is still there – and at Leicester, the Manor House School which has now moved to another site. Neither of these were described as schools for maladjusted children when they opened. The increase in the number of day schools followed the appearance of the Underwood Report in 1955, although this increase was not more rapid than the increase in the number of residential schools as the accompanying table shows.

SCHOOLS FOR MALADJUSTED CHILDREN – 1947-1980

Year	Residential Schools		Day Schools	
	Number	Children	Number	Children
1947	4	94	1	45
1948	6	186	1	32
1949	9	252	2	123
1950	11	381	2	124
1951	17	506	2	109
1952	21	635	2	117
1953	22	701	2	111
1954	26	781	3	111
1955	32	999	3	135
1956	33	1098	3	143
1957	34	1174	4	134
1958	36	1220	4	184
1959	38	1280	5	233
1960	38	1341	5	256
1961	39	1361	9	329
1962	40	1400	10	401
1963	43	1511	13	483
1964	46	1609	15	541
1965	49	1629	19	658
1966	54	1824	23	826
1967	59	1982	28	993
1968	64	2242	28	1100
1969	65	2301	35	1339
1970	71	2509	39	1438
1971	74	2580	46	1801
1972	79	2605	63	2239
1973	86	3034	65	2463
1974	88	3270	67	2616
1975	93	3228	68	2574
1976	97	3529	74	2901
1977	101	3774	83	3287
1978	106	3824	87	3594
1979	114	3951	86	3560
1980	120	4285	90	3841

From Statistics of Education HMSO

The table does not include Independent Schools, neither does it show the number of day pupils attending residential schools.

In Bridgeland's book, as he describes the schools for maladjusted children that opened before 1945 and in the years that immediately followed, he shows that the education of maladjusted children was perceived to be residential education. It is interesting to recall that the Association of Workers for Maladjusted Children, which was formed in 1951, in the evidence that it gave to the Underwood Committee, stated:

> This is an association of workers concerned in any way with any type of maladjusted children. Nevertheless, it is at present predominantly concerned with schools for maladjusted children, and, therefore, with children who by reason of their maladjustment need to be sent away from home for their 'personal, social, or educational readjustment'.

It is also interesting to recall how little published literature on work with those children was available to teachers in Britain in 1945. David Wills' 'The Barns Experiment' which appeared in 1945 was the only book available which gave any account of how education might be provided in special schools for maladjusted children. Strictly speaking, his book was not about maladjusted children. It described work in a hostel with "education on the premises" for children evacuated from Scottish cities whose difficult behaviour made them unbilletable. But they had the same problems as maladjusted children and they closely resemble them.

The treatment that Wills described in his book has had an enormous influence on work with maladjusted children. It is one of his publications that established Wills as an inspirational figure, and what is more important, as an inspirational figure who could communicate his ideas and values. The influence that 'The Barns Experiment' has had is borne out only by what teachers say in their conversations today, but also by two research studies. Weaver (1968) asked teachers in schools for maladjusted children to rank fourteen books on the education of these children in order of their usefulness to them. 'The Barns Experiment' was the most frequent first choice. In 1980 Dawson reported that teachers working with maladjusted children commented that Wills was among the authors they most frequently consulted. The others were Bettleheim, Winnicott and Dockar-Drysdale.

This is rather odd, because although 'The Barns Experiment' is an excellent book, David Wills did not rate teachers very highly among those who could provide maladjusted children with the rehabilitating experiences he considered necessary. Nor are Bettleheim, Winnicott or Dockar-Drysdale authors who spring to mind when we think about educational experiences for maladjusted children. The fact that these books make such an appeal many years after they were written is certainly a tribute to their authors and the quality of their work. But it is more than that – it is a testimony to the fact that teachers of maladjusted children perceive their task with reference to rather more than the children's learning difficulties. This is a matter which we shall look at again when the 1981 Education Act is considered in the concluding section of this monograph.

Other literature of the period is interesting for the light it sheds on perceptions of maladjusted children. None of the books about these children published in Britain between 1945 and 1970 were written by teachers. Wills (1945 and 1960) was a social worker. Lennhoff (1960) was a craftsman and a worker with delinquent children and youths in Germany before coming to England. Shields (1962) was a psychotherapist. Shaw (1965) was a chemist and a lay analyst. Balbernie (1966) is an educational psychologist, and Barbara Dockar-Drysdale (1968), although she had nursery teaching experience, was trained as a psychotherapist. Lyward was a teacher, but it was Burn who wrote the book about Finchden Manor (1964). Their books have been influential and they have given us valuable insights into causation and the treatment of maladjusted children. But the space devoted to classroom practices is small. Nor do we find, in any of them, much attention paid to the curriculum in special schools. Indeed, it is difficult to explain the fact that it is only now, in the eighties, that teachers of maladjusted children are paying serious attention to the curriculum unless we accept the fact that for years this was not considered as very important. It seems that the early preoccupation with the medical model has prevented teachers from whole-hearted commitment to one of the major educational concerns – curriculum design and development.

This is not a criticism of the early workers and their published works. It does, however, provide evidence that teachers in special schools perceived the children's problems in the order of priority that the 1945 definition suggested. If we accept that the illness model to explain maladjustment held the ground in those early days, remembering that there were no other convincing models available, that the books of the period were written by those who accepted this model and based their work on psychoanalytic concepts, then there is little wonder that this should have been the case.

PERCEPTIONS OF MALADJUSTED CHILDREN 1945-1970. MALADJUSTED CHILDREN AS BEING ILL

When considering the terms used in connection with maladjusted children, it is noticeable how frequently medical terminology crops up. It would be foolish to suggest that any other terminology is appropriate for those children who suffer from some form of psychiatric illness, but the point I wish to make in this section is that in the period under review, there was a marked tendency to regard more maladjusted children as being ill or sick than was legitimate.

In 'Children Under Stress' (Wolff 1969) we find a succinct account of the psychiatrist's function in the assessment of children's behaviour problems. In a chapter headed "Behaviour Disorders as Symptoms" she writes:

> Psychiatrists regard repetitive maladaptive behaviour as a symptom . . . When a patient comes to the doctor complaining of a pain in his stomach, it is the doctor's business to find out what the pain means. He starts from the premise that if the patient has a pain then there is something wrong with him to cause it . . . In the case of psychological disturbance, symptoms, supplemented by detailed observations of behaviour, alert the doctor to the life difficulties and conflicts the patient is struggling with. In both cases the symptom is a communication. It tells one something about underlying disturbances.

From this passage, which is a clear expression of what many teachers heard from psychiatrists when they sought their advice about maladjusted children, it is easy to see why they regarded these children as suffering from some illness or disease. It was thus common to hear teachers talk about sick children and sick behaviour.

The understanding that some maladjusted children are ill and their behaviour is symptomatic of underlying disturbance, cannot be dismissed. Nor can teachers reasonably criticise psychiatrists for formulating their diagnosis and treatment as they find these appropriate for clinicians. Furthermore, as the term maladjusted is applied to such a heterogenuous collection of children, some of whom are ill, and the behaviour of them and others is so bewildering, regarding these children as ill made some sense in the confusion surrounding their definition. The children, after all, had been assessed by doctors, and it is customary, even if it is unfortunate, to consider doctors as being primarily concerned with illness, disease or ill-health.

And yet, teachers were aware that there were different kinds of maladjusted children. Their difficulties in trying to distinguish the different kinds of maladjusted children in the London day schools, and their readiness to refer to sickness or illness, is illustrated in the Association's pamphlet 'Day Schools for Maladjusted Children' (Lansdown 1971). The Headteachers *did* differentiate between those children whose behaviour showed signs of emotional disturbance, who were difficult to manage, "but who are probably reacting in a healthy way to environmental factors", and children whose difficulties were caused by some forms of brain damage. But they reported that the largest group of children in their schools were considered to be "suffering from one or other of the neurotic illnesses of childhood". They also commented that children "whose difficulties are not caused by reaction to the environment", were, in their opinion, "ill in their own right".

"Ill in their own right" is not a very precise phrase, but it is not difficult to understand what the Headteachers meant. They were making a distinction that others have made. It is not just the distinction between children with conduct or behaviour disorders and neurotic disorders, but it is nearer to the distinction that is more commonly made in America and Canada between socially maladjusted children and emotionally disturbed children. It is not unlike the categorisation that Younghusband and her fellow authors suggest in 'Living with Handicap' (Younghusband et al 1970). Here the distinction is made between emotional handicap, characterised by

difficulties in relationships, hostility, suspicion and withdrawn behaviour; and severe personality disorder. This is shown by behaviour that suggests some form of brain damage; in some children there is evidence of autistic behaviour and in others, psychotic behaviour.

The question we may ask is, 'Does it help teachers to regard maladjusted children as being ill?'. The answer is that, on the whole, it does not help, but rather that it complicates and obscures matters. For most maladjusted children are not ill. If they were, they would not be expected to adapt to the educational and social conventions of schools. (This may not apply to maladjusted children attending schools attached to psychiatric hospitals.) It may be that the conventions in the schools that maladjusted children attend differ from those of other schools, but they *are* schools. In them children have to manage their relationships with authority figures who are not in the same relationship with them as are physicians and nurses.

Graham and Rutter (1970), while acknowledging that there is not universal agreement on the point, comment ". . . it seems highly probable that, with some exceptions, disorders of behaviour in childhood do not constitute 'disease' or 'illnesses' which are qualitatively different from the normal'.

Rutter (1975) acknowledges that psychiatric difficulties, for the most part "constitute exaggerations of or deviations from the normal rather than mental illnesses".

The distinction that Graham and Rutter make between behaviour that is quantitatively different from the normal, as is the behaviour of most maladjusted children, and behaviour that is qualitatively different, as it is in the minority of these children, is helpful. When we consider later on how teachers can recognise signs of maladjustment, it will be easier to do this once the idea of illness is out of the way. We can then consider behaviour which is typical of maladjusted children in certain situations and in certain circumstances, although we have to remember that some of these children are very apt to make some situations resemble others when the differences between them are plain enough to the observer.

If we consider maladjusted children as ill, we run into several difficulties. One of these is that individuals who are ill are ill irrespective of their environment. It is true that in some environments illness is more marked than in others and in them the patient is less likely to recover. It is also true that reproducing the conditions of stress or neglect for children whose problems originate in stressful situations or because of their neglected emotional and social needs, would prolong and exacerbate their difficulties. But to believe that children's difficulties of adjustment will persist across environments and across people – as with the really ill – is misleading, except for the minority of maladjusted children. Experience shows that the problems of some maladjusted children will continue across environments, as teachers of these children know very well. In residential schools, where the contrast between the home and school environment is usually dramatic,

it is remarkable how behaviour patterns continue. But this behaviour which is resistant to change, does not mean that the children are ill. It is much more likely to mean that their behaviour has settled into fixed patterns, because, such as it is, it has been their way of managing in their world. With all its drawbacks, it is what they know. They are uncomfortably comfortable with it, and for them, it is less risky than re-ordering their perceptions of others and themselves. Or, to seek an explanation from another theoretical standpoint, such children have a very limited repertoire of behaviours anyway, and they do not quickly jettison those that they have, and do not quickly learn others.

Most maladjusted children show that they can function adequately in many circumstances. This is not true of the sick. They are at their best in the sick room or ward where a variety of changes are continually made to an ordinary environment. If maladjusted children's schools and classrooms were to be referred to as wards or sick rooms, then the error of describing these children as ill would be immediately apparent.

There are other disadvantages in ascribing a sick role to children. When dealing with ill children, certain attitudes to them and certain expectations of them emphasise their passivity, dependency and their inability to manage the ordinary demands of living. Maladjusted children need modifications to environments that more fortunate children manage successfully, but these modifications are not of the same order as those made for the truly ill.

MALADJUSTMENT AND EMOTIONAL DISTURBANCE

Maladjusted children are frequently described as emotionally disturbed, disturbed, or as showing signs of disturbed behaviour. It is as well to clear up the meaning of these terms, although there is not a straight path through the thicket of descriptive labels. In their introduction to the definition of psychiatric disorder, Graham and Rutter comment; "The question of terminology is always a difficult one in that workers in different disciplines have tended to use different words for apparently similar conditions. Unfortunately, the terms which have been used by the various disciplines are not entirely interchangeable in that there are important (if slight) differences in the concepts underlying the terms".

In this section attention is directed towards definitions and descriptions of emotional disturbance, beginning with two small points that need clearing up. Firstly, in the terms of the 1945 definition, maladjustment includes emotional disturbance. Secondly, when they refer to 'disturbed children', 'disturbed behaviour', 'disturbance', or 'disturbing', people are indicating that whatever it is that the children to whom they apply these terms are doing, or not doing, it is disturbing to themselves and to others. It is important when considering the identification of maladjusted children, to remember that those who are upset because children are behaving wildly, or

in any other ways that exasperate, irritate, worry, or indeed, disturb them – especially if they are trying to control the children – their reference to disturbed behaviour is usually a more accurate description of how this behaviour affects them than an accurate description of the behaviour itself, especially if they are implying that the children are emotionally disturbed.

Ross (1974) has made this comment about the use of 'emotionally disturbed'.

> (This) has unfortunately been used so loosely that it has lost its original meaning and serves largely to confuse the issue. In fields such as special education the expression emotionally disturbed has come to cover every form of behavioural disorder, including the most profound impairments. Since there is no evidence that an emotion is involved in every form of disturbed behaviour, it seems best to restrict that use of emotional disturbance to those cases where behaviour problems can be demonstrated to be direct consequences of an emotion, such as generalised fear. Even in those cases, it should be borne in mind that the emotion is disturbing the behaviour and not that the emotion is disturbed, as the term emotionally disturbed would tend to suggest.

Here Ross makes a simple but effective point which Roe takes up in his chapter 'Medical and Psychological Concepts' (Roe 1978). Emotions are emotions, they are neither disturbed nor undisturbed. They disturb children because they are so strong or so unwelcome that their inability to manage them without demonstrating behaviour that causes concern to others, is linked with experiences that lead to internal conflict, or to the ways in which children have learned about the management or mismanagement of strong feelings.

Rabinow (1960) has made a distinction between social maladjustment and emotional disturbance. He points out, "The phrases socially maladjusted and emotionally disturbed refer to two different order of phenomena". The socially maladjusted behave in ways that show deviations from normal patterns of development and from socially accepted norms of behaviour. Emotionally disturbed children also deviate from accepted norms of course, but, as Rabinow suggests, when describing a child as emotionally disturbed we are aware of something else. ". . . we convey the feeling of this child about himself and others markedly differs from what we believe a child at his age should feel, and we see the behaviour as the external expression of the inappropriateness of feeling." This is helpful, as are Kirk's comments that maladjustment is a general term referring to social behaviour outside the normal range of permissible behaviours, but with emotionally disturbed children there are signs of ". . . inner tensions (which) show anxiety, neuroticism or psychotic behaviour." (Kirk 1962)

Upton has made a point that has implications for future work with maladjusted children. He refers to the lack of clarity in the use of descriptive labels, and comments, "Whether the distinction between emotional disturbance as inner conflict and maladjustment as inappropriate behaviour is valid, is not clear, although it is obviously important for any professional

involved with children to consider." (Upton 1979) There is evidence that teachers are more likely to seek special school placement for those children who are difficult to manage in schools than those children whose conformity disguises their emotional difficulties. There is also evidence that staff of special schools are under pressure to admit too many behaviourally disordered children too late to provide them with much help. Many special schools for maladjusted children – perhaps more day schools than residential – now feel they are at the end of the line, whereas they are better equipped to provide help for emotionally disturbed children who are swamped by the numbers of socially maladjusted children. The staff of special schools believe that if adequate support were provided for the teachers in the ordinary schools, they could retain more behaviour disordered children. Thus it is important to distinguish between emotionally disturbed children and those who may fairly be described as socially maladjusted. It was this distinction the London Headteachers had in mind when they referred to children who were 'ill in their own right' and those who were reacting in healthy ways to inimical environments. It is in line with views expressed by Her Majesty's Inspectorate. In "Integrating Handicapped Children" (1974) there is the comment, "Far too many children who may be described as socially maladjusted are being sent to boarding schools . . . simply because they have shown behaviour which is a perfectly normal reaction to intolerable home conditions." Telford and Sawrey (1981) refer to socially maladjusted children who are "chronic violaters of broad cultural mores" and Michael Roe makes the point that the behaviour of maladjusted children is logical, granted the premisses.

If we accept that the description 'emotionally disturbed' is correctly given to children whose behaviour reflects their intra-personal conflicts, which should not be taken to imply that they are all ill, then we are taking the disability perspective of emotional disturbance, and this is not acceptable to everybody. Some will take the deviance perspective, which does not involve consideration of the Freudian concepts that are considered below. The difference between the perspectives is considerable, but as Newcomer (1980) has pointed out, the two perspectives of emotional disturbance answer different questions. The disability perspective explains what constitutes emotional disturbance. The deviance perspective illustrates the ways in which individuals become labelled emotionally disturbed – and to this she might have added labelled delinquent or schizophrenic.

It is not enough to refer to the conflicts that Freud postulated between the three components of the personality – id, ego, and superego, – if we are to account for emotional disturbance in that way, because Freud makes it clear that such conflicts are usual in the development of any human being. It is not the conflicts themselves, but their imperfect resolution that is significant in the aetiology of emotional disturbance, and, we should add, the amount of anxiety that accompanies these imperfect resolutions. Newcomer has commented, "The conflicts generating interaction among the

intrapsychic subsystems of id, ego and superego arouse anxiety, a critical component in the psycho-analytical model." (Newcomer 1980).

This does not refer to the ordinary modicum of anxiety, but to one form of it – neurotic anxiety which is particularly significant in emotionally disturbed children. This arises when primitive and instinctual impulses threaten to overwhelm the individual's ego controls, or when the demands of a particularly active superego make undue demands. Children who are not emotionally disturbed cope reasonably well with anxiety-producing conflict and do this without over reliance on mechanisms of defence. Since these defence mechanisms are so important in understanding much of the behaviour and attitudes of emotionally disturbed children, and since they are frequently misunderstood, it is worth while considering them in a little more detail.

Coleman (1959) has given a useful description of them:

> (They) are essential for softening failure and alleviating guilt, preserving internal harmony and retaining our feelings of internal worth and adequacy. At the same time they perform a vital function in protecting us from intolerable anxiety aroused by threats to the value of self. Failure, guilt, inferiority are all self-devaluating and anxiety-arousing. The protection of self from devaluation and hence from anxiety is the very essence of the defensive functions of these mechanisms.

Looking at Coleman's statement, we are reminded how many emotionally disturbed children feel guilty either about behaviour which has brought on rejection and bitter criticism from those whom they might suppose would regard them with benevolence, or guilty because of their own strong feelings of hatred or hostility, and how they perceive themselves to be essentially unworthy and unsuccessful. They have suffered many assaults on their self-esteem and many threats to their self-perceptions. We must also remember that it is not only the emotionally disturbed that make use of defence mechanisms – we all do. But the emotionally disturbed, in their over use of them, are more likely to lose sight of the reality of situations and deceive themselves about the motivation for their behaviour. Anna Freud (1968) and Sula Wolff (1969) describe how children behave when they make over use of such defence mechanisms as repression, reaction formation, projection and displacement. Without these defences the conflicts between impulses and the demands of reality or conscience generate such a degree of anxiety that the child would break down.

Reinhert (1980) has made a point that opens up another aspect of emotionally disturbed children's difficulties. He writes:

> From a psychodynamic point of view the child in conflict has not negogiated, at a successful level, the various intra psychic and external conflicts faced in the process of psychological and physiological maturation.

Consideration of those conflicts which have to be resolved in the process of growing up, reminds us of Karen Horney's views about the

child's management of what she describes as "basic anxiety," and the experiences that lead to anxiety. (Horney 1949) It is in line with Erikson's developmental tasks beginning with the necessity for the child to resolve the conflict of "basic trust versus basic mistrust." (Erikson 1965), with Winnicott's descriptions of the infant's progress, or failure, in the establishment of his real self, and with Freud's psycho-sexual stages and the resolution of the Oedipal situation. In distinguishing between the emotionally disturbed children and the socially maladjusted, it is the casualties of psychological encounters, with their unresolved conflicts either within themselves or with others, that characterises emotionally disturbed children.

All this sounds very complicated, but emotional disturbance *is* complicated. Because this is so, the term 'emotional disturbance' should not be indiscriminately applied to children, who, despite their loss of adequate nurture and of socialising experiences, have not suffered destructive or alienating experiences to such extent that their personality development has been seriously distorted.

From a psycho-analytical perspective it is reasonable to refer to emotionally disturbed children as a subgroup of maladjusted children, but there is not unanimous agreement that this is so. Those who look at maladjustment from the deviance perspective take the view that those described as emotionally disturbed are those who have offended against the accepted or cultural norms of behaviour. In any society these norms are set in accordance with the views of the majority and upheld by those who have the power to enforce them. According to this view, children are labelled emotionally disturbed because of the frequency and persistence of their unacceptable behaviour in the situations in which it occurs.

The trouble with this explanation is that those who use it are not as discriminating as they might be in their references to emotional disturbance and maladjustment. Their explanation is one that not only accounts for the emotionally disturbed and maladjusted, but also for delinquents and all those whose behaviour is unacceptable. It is a view that we meet in the sociological literature and it is interesting and important. But its value as a perspective cannot be confined to the immediate issues we are discussing here. It encompasses much more than a discussion of the differences between socially maladjusted and emotionally disturbed children. The deviance perspective shades off into the sociolocal perspective with its focus not upon individuals, but rather on the interaction of groups in society and the social forces that act upon them.

Before concluding this section it is worth while to refer to two quotations which, although they are from different standpoints, illuminate the changing perspectives on maladjusted children. One is from 'Outsiders' (Becker 1963). "Deviance is not a quality that lies in behaviour itself but in the interaction between the person who commits an act and those who respond to it." The other is from Ullman and Krasner, (1965) who write:

> Behaviour which is called abnormal must be studied as the interaction of three variables; the behaviour itself, its social context and an observer who is in a position of power. No specific behaviour is abnormal in itself. Rather, an individual may do something, e.g. verbalise hallucinations, stare into space, hit a person, collect rolls of toilet paper, refuse to eat, stutter or dress sloppily, under a set of circumstances, (e.g. during school class, while working at his desk, during a church service) which upsets, annoys, angers or strongly disturbs somebody (e.g. employer, teacher, parent, or the individual himself) sufficiently that some action results (e.g. a policeman is called, seeing a psychiatrist is recommended, committal proceedings are started) so that society's professional labelers (e.g. physicians, psychiatrists, psychologists, judges, social workers) come into contact with the individual and determine which of the current set of labels (e.g. schizophrenic reaction, sociopathic personality, anxiety reaction) is appropriate. Finally, there follow attempts to change the offending behaviour (e.g. institutionalisation, psychotherapy etc).

This is an interesting and important argument, but there are some weaknesses in it. It is unfortunate that the authors refer to 'verbalising hallucinations' because it is surely the case that individuals who have hallucinations, whether they verbalise them or not, are legitimately regarded as abnormal. And in their comments about a judge being one of 'society's professional labelers', the matter is not as simple as that. A judge is more than a professional labeler. He or she may pass sentence and in so doing describe an offender as a criminal or a pervert, but, in our society anyway, it is a set of amateurs on the jury who decide that the person so described committed the offence. As the members of the jury are drawn at random from members of society, then it is legitimate to consider that we are all labelers, and we all have the right to protection from those whose behaviour threatens us. Not all those who dress sloppily or stare into space in any circumstances will be subject to the inexorable processes to which the authors refer . . . Wordsworth, after all, probably stared into space on Westminster bridge, but he was contemplating a sonnet. Canaletto probably did the same, but he was considering how he might paint his picture of the Thames. Thus, the goals of the behaviour, and the perceptions of these goals by those who observe the staring individual, and, indeed, the experiences of these observers, should come into the equation somewhere. The fact that Ullman and Krasner make no reference to the frequency and the duration of the behaviour seems to be an unfortunate omission. If the collectors of toilet rolls, the hitters, the starers and the ragamuffins do what they do repeatedly and with exaggeration in inappropriate circumstances then perhaps their behaviour *is* abnormal?

With these criticisms in mind, we must allow that Ullman and Krasner and Becker have presented views in sharp contrast to the psycho-dynamic view, and consideration of them has certainly influenced our perception of the behaviour of individuals to whom deviant labels are applied and they have had their effect on our perceptions of maladjusted children. Such views have opened up new vistas in the identification of children whose behaviour may be described as maladjusted.

THE UNDERWOOD REPORT (1955) – REPORT OF THE COMMITTEE ON MALADJUSTED CHILDREN

In the discussion of maladjusted children as being ill, and of the meanings attached to the term 'emotionally disturbed' and 'socially maladjusted' we have gone some way from the chronological sequence mentioned earlier. It is time to return to this and to consider the Underwood Report, a significant landmark in the development of ideas and treatment of maladjusted children.

In the Report there is criticism of the 1945 definition. It reads:

> It does not offer any help in the identification of maladjustment in particular children.

Presumably the criticism meant that the definition gave no descriptions of the sort of behaviour maladjusted children exhibit, and gave no guidance as to how these behaviours may be grouped to provide some sort of system of categorisation. The Report went on to repair this omission, and the authors produced the well known grouping of symptoms – nervous disorders, habit disorders, behaviour disorders, organic disorders, psychotic behaviour, and educational difficulties. This grouping of symptoms was expanded in an Appendix to the Report. The authors remark that they did not regard their classification of symptoms as being entirely satisfactory and expressed the hope that ". . . any professional body which may be set up to represent psychiatrists will consider whether it is possible to work out a classification on sounder lines". The references to symptoms, the allusion to psychiatrists and the tenor of the Report show that it reflected the prevailing attitudes of the nineteen fifties and the predominance of the medical model.

The second criticism of the 1945 definition in the Report, that it was not "sufficiently widely conceived to ensure that maladjustment is dealt with at as early a stage as possible", is prescient. It anticipated the concern expressed in the Warnock Report over the early assessment of children's special needs and intervention at an early stage. Paragraphs 5:2-3 of the Warnock Report state, "The education of children with disabilities or significant difficulties must start as early as possible without any minimal age limit".

The third criticism of the definition is the familiar one – that as it was confined to children of school age, its effects were principally administrative in that it enabled local education authorities to admit children to special schools.

In their definitions of maladjustment and descriptions of maladjusted children, the authors of the Report make many helpful, clear statements. For example paragraph 88 states, "Maladjustment is not a medical term diagnosing a medical condition. It is not, as we have already mentioned, to be equated with bad behaviour, delinquency, oddness, or educational subnormality . . . ".

In other paragraphs, there are clear and helpful statements and some

which are less clear. For example, paragraph 88 continues; "nor is (maladjustment) the same as a deviation from the normal . . . ". But in paragraph 92 we read: ". . . certain modes of behaviour fall outside the limits of the normal or are incompatible with a state of adjustment. For example, temper tantrums may be a sign of maladjustment in a child aged eleven though they would be natural in a child of three. Although most children achieve day and night dryness by the age of two and a half, it is normal for some children to achieve it at a later age; but it would be abnormal if a child were not dry by the age of five". Despite the statement that maladjustment is not the same as deviations from the normal, the examples given are examples of abnormal behaviour. It is not the behaviour that is abnormal, of course, but the age at which it occurs, and while the authors recognise this, paragraph 88 and 92 might have been more satisfactorily linked.

There is another phrase in paragraph 88 which might have been stated with more clarity and emphasis. It states, ". . . while it is true that many deviations are signs of maladjustment, some may involve only one side of a child's development and may not affect his mental health". A point the authors might have emphasised here, and which would have been helpful, is that it is the number of deviations which are pointers to a child's maladjustment, and this is not satisfactorily stated by their use of 'many' because that can also mean 'some'. Presumably the authors are suggesting that when behaviour is regarded as deviating from the normal, several criteria have to be considered, but they do not state this clearly and certainly not as clearly as Rutter does, for example, in the first chapter of 'Helping Troubled Children' (1975).

In paragraph 89 there is a clear and helpful statement, followed by confusing ones. The paragraph begins, "We can perhaps best approach the nature of maladjustment by saying that it is a term describing an individual's relation at a particular time to the people and circumstances that make up his environment". This is salutary and very well stated and it reminds us that so much maladjustment is interactional and may well be context bound. But the paragraph continues; "In our view, a child may be regarded as maladjusted who is developing in ways that have a bad effect on himself or his fellows". The difficulty here is, what may these bad effects be? Underwood leaves this open while Rutter (1975) is more helpful in his reference to suffering, social restriction, interference with development and the effects of behaviour on others.

There is a puzzle in the last part of the same paragraph, ". . . and cannot without help be remedied by his parents, teachers and the other adults in ordinary contact with him". Does this mean that parents and teachers and other adults need help in helping the maladjusted child? Or does it mean that the help these people give is not sufficient for him? If that is the meaning, it does not sound like good news for the maladjusted children in the ordinary schools, nor for their teachers. Nor is it very cheering for parents.

In paragraph 90 there is a statement which has been of great help to all those who work with maladjusted children, and is continually quoted. "It is a characteristic of maladjusted children that they are insecure and unhappy and that they fail in their personal relationships. Receiving is as difficult for them as giving . . . " These are pertinent comments, but there follows another phrase which is less happy; ". . . and they appear unable to respond to simple measures of love, comfort and reassurance". There are many teachers and other adults who succeed in their work with these children because they are able to give them this love, comfort and reassurance. They are their most potent resources, and as they are incontestably effective, it is not helpful to suggest otherwise. The paragraph concludes with another statement which is certainly true; "At the same time, they are not readily capable of improvement by ordinary discipline".

Despite the points of criticism made in this section, the Underwood Report made a welcome and significant contribution to the literature on maladjusted children. It certainly added to our understanding of maladjusted children. The next publication which had anything comparable to contribute to this understanding did not appear until fifteen years later, and it is to 'Education, Health and Behaviour', (Rutter, Tizard and Whitmore 1970) that we now turn.

THE CONCEPT OF PSYCHIATRIC DISORDER

In chapter 3 of 'Education, Health and Behaviour' – the findings of the Isle of Wight epidemiological study – Graham and Rutter define psychiatric disorder:

> Abnormality of behaviour, emotions or relationships which was continuing up to the time of assessment, and was sufficiently marked and sufficiently prolonged to cause handicap to the child himself and/or distress in the family or community.

Before examining this definition further, some comments on the terms used are worth making. As used in the definition, handicap refers to "any disability which impedes the child in some way in his daily life". Disability implies some loss or impairment, and the idea of both handicap and impairment is essential to the meaning of psychiatric disorder. The authors are insistent that for the term disorder to be applied, handicap and impairment have to be present.

We have already seen that the 1945 definition has been criticised for its vagueness. The definition of psychiatric disorder is much more precise. It includes abnormality of behaviour, emotions and relationships, and although maladjustment and psychiatric disorder are not synonymous terms, as the authors explain, it is the behaviour of maladjusted children, their difficulties in coping with their emotions, and their difficulties in relationships, which distinguish them from more fortunate children. While admitting that deciding on what constitutes normality and abnormality is a

major difficulty in definition, Graham and Rutter make their meaning clear. For them the concept of normal is of a child's functioning "in relation to the process of psychic development". Here we come across two important concepts. The meaning conveyed by 'process' and 'development' are important aspects of the definition. Because children's functioning fluctuates, within acceptable limits, it is abnormality with reference to persistence and 'to the broader context of the child's development' that has to be present for the proper designation of psychiatric disorder. It follows that this persistence, as it shows across developmental stages, or as it effects development adversely, indicates the presence of psychiatric disorder.

We know that maladjusted children do not only suffer themselves, but their behaviour is a cause of suffering or distress in their families or their immediate environments. This is not only because of what they do, but also because of what they do not do, or prevent others from doing. Although the authors are not defining maladjusted children, this inclusion of the family or community directs attention to significant characteristics of these children.

So does the phrase, 'Sufficiently marked and sufficiently prolonged . . .' We know that many children go through periods in their lives when their behaviour shows that they are unsettled. They may, for a time, be unduly anxious, or irritable, excitable, passive and withdrawn. There is almost unanimous agreement that it is the frequency, duration and intensity of atypical behaviours without regard to situations or circumstances that characterises children with real problems of adjustment. Graham and Rutter state this clearly in their definition.

As they recognise that so much in the definition of psychiatric disorder fits maladjusted children, Graham and Rutter explain why they do not use the term maladjusted. They acknowledge that "many of the children with psychiatric disorder could be reasonably regarded as maladjusted", and that teachers and educational psychologists would describe them as such if they discovered in them the difficulties that led to their categorisation as suffering from psychiatric disorder. They explain that although maladjustment has been defined in a number of ways, implicit in the definitions is the concept of the need for treatment. They comment on "the difficulties in defining what is the nature of the condition that is thought to need treatment", and conclude that the definitions have not been so much help in providing appropriate and adequate provisions for those defined as maladjusted.

In this comment it seems that the authors are suggesting that uncertainty as to "the nature of the condition that is thought to need treatment" refers to the cumbersome 1945 definition and its vagueness. It may also be taken to refer to the difficulties that teachers in special schools face as they try to distinguish between different kinds of maladjustment. It seems that teachers in the ordinary schools believe that of the categories of handicapped children, apart from the blind, the profoundly deaf and the severely physically- handicapped, it is the maladjusted who are most beyond their reach. The reasons for this, although they must include the difficulties

that maladjusted children cause, seem to centre around the ways in which these children have been defined and the association that has developed between maladjustment and psychiatric explanation and intervention. Clarity of definition is therefore essential if there are to be successful programmes of integration of these children.

We may ask whether the definition of psychiatric disorder is going to help teachers and others understand the problems affecting children to whom it is applied. In "Education Health and Behaviour", Graham and Rutter give reasons why it does, and Rutter, in "Helping Troubled Children", expands these. The reasons are:

(1) That although disorders may impose handicap, "for the most part they do not constitute diseases or illnesses that are qualitatively different from the normal".
(2) Using the term psychiatric disorder does not imply "that the child, in terms of his basic personality, is abnormal, only that his behaviour, emotions or relationships are" at a certain time. Rutter expands this point and gives it useful emphasis, by commenting that if a child has the measles at some time, it is not appropriate to refer to him or her as "a measley child".
(3) If abnormality of behaviour, emotions or relationships is present, then assessing its significance should mean that several criteria are borne in mind. These are: the age and the sex appropriateness of the behaviour, its persistence, the actual circumstances of the child when the abnormalities are noticed, the normality or abnormality of the child's behaviour in relation to his or her socio-cultural setting, the extent of the child's difficulties as these affect one or more areas of functioning, the severity of the child's difficulties, the difference between the child's normal behaviour and the behaviour that causes concern, and the extent to which the behaviour is specific to one situation or a variety of situations.
(4) As psychiatric disorder brings about impairments, the significance of these impairments should be determined by discovering whether the child is actually suffering because of shyness or anxiety, for example; whether the impairment imposes social restriction, as constant difficulties in relationships do; whether impairment brings on significant interference with personal, social and educational development, and whether the child's impairment affects others.

It does seem that the concept of psychiatric disorder and the careful explanation of what it implies, is very helpful in clearing our minds in our approaches to maladjusted children, although we know that Graham and Rutter do not equate it with maladjustment. Graham and Rutter have made many matters plain, although their term is not without its critics. In the Warnock Report we find: "We think it is undesirable to draw a sharp distinction between psychiatric disorders and other emotional or behavioural difficulties". I admit that I do not understand this objection, bearing in mind the care which Graham and Rutter together, and Rutter himself in "Helping Troubled Children", have taken to explain their

position. The other comment in the Warnock paragraph 4.8 has more weight, "Further the term 'children with psychiatric disorder' may lead to the conclusion that all such children should be treated by psychiatrists". Those who are led to that conclusion will have overlooked what Graham and Rutter have been at pains to make clear, but this criticism cannot be discounted. The authors of the Court Report (1976) – "Fit for the Future; the Report of the Committee on Child Health Services" adopt the term, as do Wilson and Evans (1980). Both these publications are influential.

THE DEPARTMENT OF EDUCATION AND SCIENCE CIRCULAR 2/75. MARCH 1975

The appearance of the Department of Education and Science Circular 2/75 had implications for all handicapped children and not just the maladjusted. It was an important statement from the Department because it summarised the confusions in the identification and assessment procedures arising from reliance upon medical officers which followed the 1944 Education Act and the 1945 Regulations. It indicated a perceptible shift away from reliance upon medical opinion in these procedures, opening the way for increasing reliance upon educational opinion.

The circular abolished the Handicapped Pupils Forms which had been used in the implementation of Section 34 of the 1944 Act. This section stated that every local education authority had a duty to ascertain which children over the age of two years required special educational treatment, and that this ascertainment should be done by examination "by a medical officer of the authority for advice as to whether the child is suffering from any disability of mind or body and as to the nature and extent of any such disabilty".

In paragraph 3 there is the important comment that by indicating the category of handicap into which the child should be placed – categories defined in relation to education needs – the medical officer was called upon to make educational judgements.

That the medical officer was not the most appropriate person to do this is emphasised in paragraph 17, which reads:

> Yet the recommendation whether a child needs special education, and if so where it can be best provided, is primarily an educational matter rather than a medical one. It is therefore more appropriate that an experienced educational psychologist or adviser in special education should, after seeing the child, after considering the evidence and after consultation with medical and other professional staff concerned, assume responsibility for conveying to the authority a recommendation about the nature of special education required and where it should be provided.

In tracing the developments from 1945 to 1981 which show the change in attitudes towards the relative influence of medical and educational opinion, the importance of the 1975 circular is plain. It is true that in the

form S.E.2 – one of the new forms which the circular introduced but which are now discontinued – the medical report on a child who may require special education requires a school doctor's signature, but the circular makes it clear that the identification of children requiring special education, and the assessment of their needs, was a matter for education and not medicine. It also reflected the increased attention to the opinion of educational psychologists, and this, in turn, was a recognition of the status of the school psychological service. This showed that the climate of opinion in 1975 was not the same as it was in 1945. Then the status of the Child Guidance Clinic and the psychiatrist as the dominant voice of the clinic team had the major part in the identification and placement of maladjusted children. After 1975, the influence of the psychiatrist waned; the status of the psychologist and the educational adviser was enhanced. This has had important consequences for maladjusted children.

THE BEHAVIOURAL MODEL

During the nineteen seventies it was plain that change in the conventional patterns of identifying and describing maladjustment in children, and providing appropriate treatment for them, had to be sought. The traditional child guidance system, even if it could demonstrate that the criticisms of it were unfounded or exaggerated, was not going to be able to give teachers enough help with maladjusted children, and the increasing number of disruptive children in schools. The retention of the medical model of illness to explain these children's difficulties could not continue. Teachers could not feel equipped to provide programmes which would either ameliorate or overcome the manifestations of pathological states. If they were to rely on the services of child guidance teams to help children when referred, or children in schools where referral was unlikely because of the long clinic waiting lists, the problems of management and provision of appropriate treatment would outrun the resources available. Prevalence studies published in the late nineteen sixties and the early seventies showed that there never could be enough special schools for the numbers of maladjusted children discovered (Pringle, Butler and Davie 1966, Graham and Rutter 1970, Davie, Butler and Goldstein 1972, Rutter 1975). There was a strong inclination on the part of administrators and advisers to urge that teachers should find their own ways of coping with the problems of maladjusted children and pupils who caused disruption in school classes.

There was a solution to hand. In the nineteen seventies the resurgence of behavioural psychology with the newer concepts of operant conditioning and the variety of behaviour modification techniques began to make an impact in Britain. There was a different perspective on maladjustment and a new conceptual model.

It is the learning of behaviour, as this is revealed through experimental psychology and social learning theories, that is the major element in the behavioural model. In place of a concept of behaviour which indicates underlying conflicts or pathological conditions, with references to symptoms

or to illness, we have a concept of behaviour illustrating the effects of reinforcement, the importance of imitation, and the learning of behaviour as a result of the responses which it stimulates in the environment. The central importance of learning is illustrated by Ross (1974) who states: "All behaviour, with the possible exception of the simple reflex, is either developed or modified through learning". Behaviourists prefer the term "maladaptive behaviour" to "maladjustment" and the importance of learning is stressed in this statement of Newcomer's. "This behaviour, i.e. maladaptive behaviour, is the result of (1) a failure to learn behaviours that permit a healthy or beneficial adaptation to the environment, (2) learning maladaptive or non-beneficial behaviours . . .".

It is the behaviourists who draw attention to the situational specificity of much maladaptive behaviour. We know that this is not sufficient explanation of all the manifestations of maladjustment that we observe in children, but since teachers are particularly able to manipulate a child's school environment so that appropriate and acceptable behaviours are more probable than unacceptable behaviours, it leads to a more optimistic attitude than a belief that maladjustment is within the child. From such a standpoint, an alteration in a child's environment, or manipulation of this environment, does not have to stop at the school gates. The techniques of behaviour modification are not difficult to learn, and they can be employed by children's parents in co-operation with teachers. Although we are justified in regarding the slogan, "Parents as Partners" with caution, because some parents of some maladjusted children cannot be effective partners in helping a child in whose problems they have an investment of their own, nevertheless, it is the advent of the behavioural perspective and the techniques of behaviour modification that have been of great help to parents of maladjusted children.

It would not be appropriate to detail the strengths and the limitations of behaviour modifications in this monograph, or enter the controversies that surround the behavioural versus the psycho-dynamic view. It is true, as Kazdin (1979) has pointed out, that in the early days the behavioural psychologists made exaggerated claims for the successes of their treatment regimes, and that many of these claims have not been substantiated. There are real problems of generalisation, of changed behaviour across situations, where the environments in which children function differ from the environments of experimental situations. There is no overwhelming evidence that behaviour therapy is unequivocally superior to other treatment approaches. Behaviour therapy is one treatment approach among many. Plainly it is very effective for some children and some teachers and parents. What is more important here is to consider whether the behavioural model helps teachers to understand maladjusted children better, and therefore, to provide more effective treatment for them.

It is worthwhile emphasising that there seems to be no reason why the behavioural perspective cannot *complement* what we can learn from other

perspectives, or why the psycho-dynamic perspective cannot be taken to complement the behavioural. It does not seem necessary to *substitute* one point of view for another. This may not be acceptable to purists in either camp, or to those theorists who find the behavioural and the psycho-dynamic view of behaviour and learning irreconcilable. But experience strongly suggests that teachers are pragmatic and eclectic. They make the best use they can of what they find helpful to them in their work with maladjusted children.

It is important, and will become increasingly important as more maladjusted children are included in the wider range of special educational provision envisaged in the Warnock Report (paragraphs 6 and 7) and affirmed by the 1981 Education Act, for teachers to be as clear as possible about the meaning of maladjustment. It is not as straightforward a matter as sensory, physical or mental handicap, but it is not a mystery. But references to "emotional instability" and "psychological disturbance" to inner conflict and underlying pathology sound mysterious. Whether or not the behavioural view is sufficient explanation for all manifestations of maladjustment, it is sufficient explanation for a good deal of it. Teachers know about learning, they know about imitating and copying good models, they are aware of the effectiveness of rewards. They also know about the structuring of learning environments, and although the use of the word "manipulation" tends to arouse apprehension, teachers constantly manipulate classroom environments. It is significant that when teachers first hear about the techniques of behaviour modification they say, "We have always done that". It is true that they have not always done it with the rigour and the precision that the effective use of these techniques require, but the point remains. Whether thinking about the behavioural explanation of the cause of maladjustment (although it is more accurate to refer to maladaptive behaviour when using behavioural explanations), or whether thinking about effective treatment of this behaviour, the behavioural perspective makes use of concepts that teachers easily recognise and it uses the vocabulary of education.

One of the crucial aspects in the development of special education in the years ahead centres around teachers' perceptions of their role. What the behavioural perspective has done is to challenge the long held belief in the reality of the difference between the handicapped and the non-handicapped, between perception of what is normal and what is abnormal. This is well stated by Ullman: (1967) "One of the implications of the behavioural view is that there is no distinction between normal and abnormal other than as behaviour is evaluated by criteria which change over time, over place, over persons". The same point is made by Ullman and Krasner in the passage quoted earlier, "No specific behaviour is abnormal in itself". This challenge, and the educational decisions that follow from it, is entirely in the spirit of the times in special education and in society.

So far as maladjusted children are concerned (or children who show repeated patterns of maladaptive behaviour) teachers must first be quite clear as to the meaning of terms used to describe these children or their behaviour, and secondly, be aware of ways in which they can help them and put this knowledge into effect. Adopting the behavioural perspective is of great value to teachers because it opens the way for them to intervene directly to help children with problems of adjustment and to do this as effectively as anyone can do it.

The importance of this last point can be appreciated when we consider what differences there are between the use of direct methods of intervention, and reliance upon referral to some agency outside the school – differences in the time taken in finding a solution to some problem, in satisfaction for a teacher, in opportunties for learning for both teacher and child about the influence of the classroom environment on the child's performance, and opportunities for other children to learn from events which they can see for themselves. These opportunities do not arise if the child disappears into a Child Guidance Clinic or is whisked off into a separate room for a consultation with an educational psychologist. This is not to contend that teachers do not seek advice when they are uncertain about the best ways of proceeding with children who present them with problems of behaviour. But it is to emphasise that one advantage of the behavioural perspective and use of behavioural techniques, is that it prompts teachers to find remedies from within their own resources as teachers, more easily than does reference to the disability perspective. It allows for direct action after consideration of factors within teachers' control, and which their experience and skills enables them to understand and deploy. It allows teachers to perceive their solutions to the problems of maladaptive behaviour as radical. With only the old medical model to guide them teachers tended to perceive their solutions as palliative.

If we consider a behavioural definition of maladjusted children, we notice that its terms and phrases reflect the changed perspective on these children. Kauffman's definition is a good example. He writes:

> Children with behaviour disorders are those who chronically and markedly respond to their environment in socially unacceptable and or personally unsatisfying ways, but who can be taught more socially acceptable and personally satisfying behaviour.

First, there is Kauffman's use of 'disorder'. There are definitions of this term which are helpful. In 'Education, Health and Behaviour', Graham and Rutter point out that 'disorder' implies malfunction and handicap, but that it should not be taken to imply the presence of disease or illness.

Kauffman then refers to children who "chronically and markedly respond to their environment". There are two points of interest here. The phrase 'chronically and markedly' which is so important when we distinguish between these children's behaviour and the behaviour or others, echoes the phrase from Graham and Rutter's definition of psychiatric

disorder – "sufficiently marked and sufficiently prolonged". Kauffman then makes a reference which we should expect a behavioural psychologist to make, and which is a crucial element in the behavioural perspective – he refers to "environment". This is a reminder that what he calls "behaviour disorder" rather than maladjustment, is not endogenous but is specific to situations, which is not what the 1945 definition implied. But it is not far from the phrase in the Underwood Report – "We can perhaps best approach the nature of maladjustment by saying that it is a term describing an individual's relation at a particular time to the people and circumstances which make up his environment". (Paragraph 89) Kauffman was not referring only to the child's larger environment, but also, and perhaps more so, to the environment which can be altered or manipulated.

In his reference to behaviour as "socially acceptable" Kauffman takes common ground with sociologists in their explanation of how some children come to be labelled maladjusted or deviant, as we have already seen. In the reference to "personally satisfying behaviour" Kauffman is directing attention to what we know to be true. The children we describe as maladjusted persist in behaving in ways that cause others concern, or exasperate them or elicit hostile responses, and which they find unsatisfying themselves. This is illustrated by David Wills' reply to the triumphant comment of a boy "I can do what I like" – "The trouble is, you do not like what you are doing!" Although Kauffman would not find the terminology easy to accept, we know that many disturbed children frequently demonstrate ineffective ways of reducing their anxiety by their obsessional or ritualistic behaviour.

Finally, Kauffman puts the behavioural view succinctly – "but who can be taught more socially and personally gratifying behaviour". The behavioural view is quite explicit. Behaviour is learned, and children can learn how to behave acceptably, once the reinforcing events are recognised, understood and rearranged.

Whether or not one accepts all the techniques that are grounded in the behavioural perspective, the definition quoted above is more precise than the 1945 definition of maladjusted children, and it suggests ways in which these children might be helped, which the 1945 definition did not. It is true that there are real differences between the behavioural and the psycho-dynamic perspective, but there seems to be no reason why adherence to one point of view should exclude the pointers to understanding and good practice another point of view suggests. In avoiding dogmatism it is useful to reflect on what Pascal proposed in a different context:

> There are of course, some truths which can be grasped by mathematical minds, provided all things are explained by means of definitions and axioms, otherwise they are inaccurate and insufferable for they are only right when the principles are quite clear. But there are other truths which can be grasped only by a penetrative mind. They are scarcely seen – they are felt rather than seen: there is the greatest difficulty in making them felt by those who do not of themselves

perceive them. And since the two aptitudes, mathematical and intuitive, are rarely combined in the same person, most men are able to see one kind of truth at the cost of being blind to the other.

THE WARNOCK REPORT 1978 – "SPECIAL EDUCATIONAL NEEDS. REPORT OF THE COMMITTEE OF ENQUIRY INTO THE EDUCATION OF HANDICAPPED CHILDREN AND YOUNG PEOPLE".

The Warnock Report is the last important landmark to consider in the period 1945-1981. It is the precursor of the 1981 Education Act. It is of great significance for maladjusted children, not because of its particular references to these children, but because of the comments and recommendations which included them. It has not been without its critics, but it has extended our vision of what special education is and what it may become. Although it is not an integrationist's charter, it has forwarded the cause of integration. It has challenged many long held views in special education and has set tasks for us to fulfil in the future which are promising and exciting.

Paragraph 1:10 sets out the scope and the intentions of the Report. It states:

> Our concept of special education is thus broader than the traditional one of education by special methods appropriate for particular categories of children. It extends beyond the idea of education provided in special schools, special classes or units for children with particular types of disability, and embraces the notion of any form of additional help, wherever it is provided and whenever it is provided, from birth to maturity, to overcome educational difficulty.

This is not entirely new, for Gulliford in his book 'Special Educational Needs' (1971) writes, "We have moved forward from the position of identifying defects of mind and body as a basis for education in special schools to the recognition of special needs for education and personal care resulting from a complex of personal and environmental factors . . . the concept of special need is broader than the previous ideas associated with handicapped children and special schooling".

Thus the concept of special needs has arrived to replace the pre-occupation with handicap and handicapped children. The central importance of special educational needs to the 1981 Act can be seen in Section 1 of that Act which states:

> For the purpose of this Act a child has "special educational needs" if he has a learning difficulty which calls for special educational provision to be made for him.

And paragraph 2 of Circular 8/81 'Education Act 1981' states:

> Section 1 of the Act gives effect to the recommendation of the Warnock Committee that the 1944 Act system of special educational treatment for pupils suffering from a disability of mind or body, who were formally classified in specified categories of handicap, should be replaced by a concept of special educational provision based on the special educational needs of individual children.

Replacing the focus on handicap and reducing the difference in nomenclature as this affects attitudes and processes in special education as far as it is possible to do this without prejudicing special resources, was one of the major concerns of the Report. It was thus inevitable that it should recommend the abolition of the old categories of handicapped children. (Paragraph 3:25) It recognised that 'descriptive terms' would still be needed, and to the surprise of many, it advocated retaining the term 'maladjusted' (paragraph 3:27) but it does not give any really convincing argument for this retention. Indeed, the paragraph devoted to the use of the term is not noticeable for its clarity.

The authors of the Report acknowledge that the use of the term can be criticised because it tends to suggest a permanent condition. Why a 'descriptive term' is less likely to suggest a permanent condition than the old term describing a category is not explained. In any case, the suggestion is rather odd, because the original use of the term in the 1945 definition does not suggest a permanent condition. When that definition referred to "in order to affect their personal, social or educational readjustment" it implied reversibility. The Report does not criticise "maladjusted" because it is an imprecise term – which is the criticism made of "educationally subnormal" which is replaced by "learning difficulties" – but because "the concept of maladjustment itself is such a relative one that the description is meaningless without details of the child's circumstance". It is difficult to think of any *one* term which could give details of a child's circumstances! It is also conceded that the use of "maladjusted" can be criticised because it "can stigmatise a child unnecessarily". It continues "Indeed, we consider that the implication of this term (namely that behaviour can sometimes be meaningfully considered only in relation to the circumstances in which it occurs) is an advantage rather than a disadvantage".

It is certainly good to see the comment "behaviour can sometimes be meaningfully considered only in relation to the circumstances in which it occurs". Ullman and Krasner, as their comments quoted earlier show, would not agree that behaviour can only sometimes be considered in relation to the circumstances of its occurrence, but the statement is worth making. It is in line with the description in the Underwood Report, and it reminds us of Roe's observation: "When we describe behaviour as maladjusted we are making a judgement about situations". (Roe 1978)

The authors dismiss the value of using such terms as "emotional or behavioural disorders". In a later paragraph (14:8) they write "We think it undesirable to draw a sharp distinction between psychiatric disorders and

other emotional or behavioural difficulties" and in this they cannot be alone. No-one attempting to define children with difficulties of adjustment would advocate drawing sharp lines, but they go on to support the misperceptions about the use of 'psychiatric disorder' which Rutter and Graham did their best to prevent. ". . . further, the term 'children with psychiatric disorder' may lead to the conclusion that all such children should be treated by psychiatrists". It is only fair, however, to quote what the Report has to say about the change in the relative positions of the educational psychologist and the psychiatrist which has been such a remarkable aspect of change in perceptions of maladjusted children and work with them. The paragraph continues:

> In our view psychologists, working where necessary with psychiatrists and social workers, should remain foremost in helping teachers to deal with emotional and behavioural problems when they occur in school.

In the discussion of descriptive terms, the Report makes no attempt to distinguish between emotionally disturbed and socially maladjusted. It is rather strange that they recommend the disuse of "educationally subnormal" because "it assumes agreement on what is educationally normal with regard to ability and attainment" but do not make any comment upon the equally debatable agreement on what constitutes the normal in behaviour if maladjustment is a deviation from this. It is also rather odd that although the preference for the use of 'maladjusted' is stated, reference to 'emotional and behavioural disorders' 'emotional and behavioural difficulties' and 'emotional and behavioural problems' far outnumber the references to 'maladjusted' throughout the Report.

The Report is of enormous importance for special education. It has indicated ways in which the difficulties of a minority of children can be appropriately assessed and the way in which teachers can respond imaginatively to those with special needs. In its proposals for a continuum of educational provision for these children it has added an authoritative and informed view on the ways in which the resources of our educational system can be more effectively mobilised to the advantage of children with special needs. It has enlarged our thinking about those children, who, in the past, although they benefitted from their designation as handicapped, have also been at risk of becoming the poor relations of a system which, with all its imperfections, is the best hope that children have of educational advance, self fulfilment and subsequent social mobility. It adds little to our perceptions of maladjusted children, but as it has led directly to the 1981 Education Act, and the concept of special educational needs is central to the Act, it is appropriate to conclude this monograph with some consideration of that concept in relation to maladjusted children.

CONCLUSION

1.) "Learning Difficulty" and "Disability" in the 1981 Education Act.

In the 1981 Education Act maladjusted children are not defined separately from all other children with "special educational needs", these special educational needs being defined with reference to learning difficulty or disability. The use of the terms "learning difficulty" and "disability" raises some problems which are worth considering.

There are maladjusted children whose difficulties in learning — if this is a reference to their classroom learning — is not their most significant difficulty. There are, for example, those "under reactive" children (Stott 1974) or, in another classification, "children with neurotic disorder" (Rutter, Tizard and Whitmore 1970). These children do not on the whole, show signs of "significantly greater difficulties in learning" than other children, but they certainly have problems of adjustment. Apart from these children there are those whom Stott describes as being "over reactive" or, in Rutter, Tizard and Whitmore's classification, the "behaviour disordered". This group, although their educational retardation is marked, also have other problems. Indeed, in considering the experiences which many maladjusted children have had before their admission to schools, and which continue through their school days, their lack of progress in school learning unfortunate as it is, is outweighed by their other problems.

In special schools, classes and units for maladjusted children there are those with a wide variety of difficulties, and included in this variety are children who have to overcome the effects of grievous psychological harm. All those who work with these children are aware of this, and in assessing their problems, Reeves (1983) has drawn attention to an understanding of the way in which the children perceive themselves. He comments:

> "I propose that we should consider even the special needs of the maladjusted child in a more positive and dynamic way, not as needs identified from outside by the sympathetic diagnostician, but as feelings of loss or lack of experience and to that extent acknowledged by the child in question."

Here Reeves has identified a concern of those whose work with maladjusted children will be affected by the 1981 Act. They are aware that many maladjusted children, and especially emotionally disturbed children, not only have not learned somethings, but they have never had somethings and are not somebody. He is pointing to those children whose lack of adequate emotional and social nurture in relationship with a person, whom Bowlby (1971) has described as the responsive and available attachment figure, has left them with an

incomplete sense of personal identity. The situation of these children is well described in Winnicott's works (Winnicott 1958 and 1965) and their difficulties are documented by Dockar – Drysdale (1968 and 1973). Designation of them as children with difficulties in learning does not seem sufficient.

Of course much depends upon the meaning of "learning difficulty" in Section 1 of the Act. There are the learning difficulties of maladjusted children which can be assessed and quantified in conventional ways, but these children have other learning difficulties which cannot be so easily quantified. They need to learn about themselves and other people, and this involves unlearning and relearning. During these processes, the children concerned may appear to be making little headway in the classroom. Since their energy for learning is not inexhaustible, while they learn about themselves and others, which may be painful and slow, their learning in the conventional sense may not be obvious. Teachers would not want this process to last longer than is necessary, but they recognise that this kind of learning is essential if the children are going to make progress.

It may be objected that this discussion of the limitations of equating maladjustment with learning difficulty ignores that clause in the Act which refers to children with special needs having a disability. But it is not clear what is implied by "disability". The Act does not expand on the use of the term. All we have to guide us is paragraph 2 of the D.E.S. Circular 8/81.

> "Section 1 of the Act gives effect to the recommendation of the Warnock Committee that the 1944 Act system of special educational treatment for pupils suffering from a disability of mind or body, who were formerly classified in specified categories of handicap, should be replaced by a concept of special educational provision based on the special needs of individual children."

This paragraph cannot mean that the concept of disability "of mind or body" is replaced along with the former categories of handicapped children, because any disability would surely be "a disability of mind or body" Fish (1985) makes this clear when he writes:

> "Disability is a loss of function or activity by the individual as a result of impairment . . . not only resulting from obvious impairments of sight, hearing or physical functioning, but also from intellectual impairments, such as mental retardation and learning disabilities, and emotional and motivational impairments such as mental illness or disturbed behaviour."

Uneasiness at the reference to "disability" is justified. First, because the use of the term in this section of the Act does not seem to take us any further than use of the same term in the 1944 Act, although the suggestion is that the concept of "disability of mind or body" is replaced: and secondly, once "disability" comes along, we are back to the old notion of the disability perspective. Once that is acknowledged, then we are not very far away from the medical model of explanation of maladjustment in children, which, we have seen, raises all sorts of difficulties which we are glad to be relieved of.

Thus, in looking at Section 1 of the 1981 Act, we may reasonably conclude that in the vexed matter of definition of maladjusted children, neither the terms "learning difficulty" nor "disability" are altogether satisfactory.

2.) **Behavioural Control.**

The mongraph has shown the steady departure from reference to a model of illness to explain maladjusted children's difficulties and to suggest pointers to effective treatment. There is no doubt that the behavioural model and the techniques grounded in it have been of great benefit to many maladjusted children, their teachers and their parents. And yet, there is justified concern that these children's difficulties will be perceived solely with reference to behavioural management. This may not be the case, but behaviourists have only themselves to blame that this apprehension exists. The pretensions of some of the early behavioural literature in the fifties and sixties, their impatience with criticisms of their theoretical formulations, and their over-optimistic claims for the effectiveness of their techniques (Kazdin 1979), has brought this on their own heads. For teachers in classrooms the psychodynamic explanation of behaviour has disadvantages. But it has advantages as well. Among these we may include the valuable insights into the causation of children's behaviour which they have learned from psychotherapists, and their willingness to lift their eyes from classroom performance and consider those factors affecting children's behaviour over which they do not have immediate control. It also serves to remind teachers that children's behaviour is complex, both in its causation and in its manifestation. There are times when the "Why?" questions lead to as satisfactory resolutions of children's difficulties as the "What?" questions, and there are times when the "Why?" questions are the appropriate ones to ask. It may be that the teacher cannot resolve the problems that the "Why?" questions discover, but the questions themselves, and the willingness to find help from others whose skills will lead to a solution to these problems, contribute to positive intervention on behalf of the child.

It is the conjunction of the emphasis on learning difficulties, and the increasing reliance upon techniques which focus on the management of behaviour, which gives ground for concern when we contemplate the changed perceptions of maladjusted children. This concern does not blind us to the advances which have been made from 1945-1981, nor to the promising developments that the Warnock Report has opened up. These advances would not have been possible without the conceptual frameworks that behavioural psychologists and sociologists have brought to the attention of those concerned with the special education of maladjusted children. But those who work with these children recognise that maladjustment is a complex phenomenon. It has a variety of causes and a variety of manifestations. There are many effective and appropriate interventions in a range of provisions, but these are unlikely to be satisfactory if explanations of maladjustment are superficial, and if response to the children's problems do not show sufficient sensitivity and imagination in accounting for the children's problems and in intervening appropriately.

APPENDIX

MEANS OF IDENTIFYING MALADJUSTED CHILDREN

In this section we are going to consider the use of observational techniques and behaviour inventories that help teachers to identify maladjusted children. But before thinking about the difficulties of individual children that such techniques and inventories disclose, it is worth while to think first of school features, especially in secondary schools, which significantly affect the ways in which children behave, and which influence the decisions that teachers make about children's adjustment.

It is improbable that schools themselves bring about maladjustment in children unless there are other negative factors present which have increased children's vulnerability. By these other factors one means children's family life, the family activities, and the attitudes of family members and their behaviour. Children need a support system which enables them to manage the stress of school situations and the demands of social situations, and many maladjusted children do not have an adequate support system. Such a system includes steadfast affection, adequate care and nurture, appropriate discipline, the presence of estimable modelling figures, and the absence of deviant personalities within the family, or in the immediate environment to which children are exposed. This support system is essential for children's successful development.

Some schools manage to support, stimulate and encourage children from homes where the support system has broken down, or is in constant danger of breaking down, and thus prevent maladjustment, or to mitigate the most destructive features of the home which, without the opportunity for children to find some relief from them, will inflict such psychological damage, that the children's maladjustment is inescapable. There are other schools which cause difficulties to children already under stress, so that their maladjustment is inevitable.

For fortunate children, the learning in schools, both academic and social, is incremental. These children possess an emotional and social capital which their homes and families supply – the support system being a large part of that capital. In these terms, many maladjusted children are bankrupt. The school has to supply as much of the capital as it can – as is clearly demonstrated by special schools and particularly residential schools – and the increments.

Let us now consider those features of schools which have a direct bearing on the adjustment processes of the children within them, and begin with the curriculum. By curriculum, I mean 'All that learning which is planned and guided by the school, whether it is carried on in groups or

individually, inside or outside the school'. This is Kerr's (1968) definition of curriculum, and it seems a very appropriate one to use when considering maladjusted children. It has the advantage of extending the view of the curriculum so that children's experiential learning, such as occurs in counselling or in psychotherapy, or in other forms of therapy which are so important for maladjusted children, can be legitimately considered as falling within the boundaries of the school curriculum. With that definition in mind, we can then ask of a school curriculum whether it is imaginative in its provisions and appropriate for all the children in the school. This would lead us to ask whether the pastoral care was adequate, whether there is a school counsellor and how adequate he or she is. Is the counsellor really a counsellor, or a kind of hybrid; part trouble-shooter, part go-between in disciplinary encounters between children and staff too constrained by professional limitations placed on frank discussion, and part-time teacher called in to provide time-table cover for absent colleagues? Is his or her difficult task esteemed by colleagues, and how much support does the counsellor have in the school?

An appropriate curriculum includes provision for pastoral care as well as opportunities for counselling. It also includes provision for remedial teaching in the basic subjects. The ways in which this is organised, the esteem with which the remedial staff are regarded by other staff, the quality of work done in remedial education – all this is directly linked to the behaviour of children who may be too quickly described as maladjusted, because they are not finding the help and encouragement that they need to succeed.

In the same way, the actual content and presentation of lesson materials is linked with children's behaviour and their reputations. If the subjects of the curriculum are poorly taught, if it is limited and unimaginative, if children are bored by threadbare learning tasks, or if the tasks are meaningless or baffling, then poorly motivated and under achieving children will behave in ways that will in all probability, lead someone to describe them as maladjusted. Their behaviour is logical in the circumstances, but it is unacceptable, and the distance from unacceptable behaviour to the label maladjusted is not a very big one in schools where no one asks pertinent questions about the curriculum content and the relevance and quality of the learning experiences.

Thus, the school curriculum and its contents and processes cannot be overlooked when teachers are considering which children may be maladjusted. Neither can the school's methods of behavioural management. Included in this are:

(a) The appropriateness of the rules governing children's behaviour, their clarity, the effectiveness of their communication and the children's understanding of them.
(b) The staff subscription to these rules and the uniformity with which they enforce them.
(c) Clarity among the staff and children about the consequences which follow

the infraction of the rules.

(d) The experiences and skills among the staff responsible for those classes where there are a number of poorly motivated or disruptive children, and the support given to staff under stress.

(e) The help provided for staff who need to establish and improve their classroom management techniques, which has implications for the quality of the in service training provided in the school.

(f) The support provided for the school from outside advisory personnel – such as educational psychologists – and the readiness of staff to ask other professional colleagues for help.

(g) The school's relationships with parents, the ways in which their co-operation is sought, and the ways in which support is offered to those parents who are concerned about their children's behaviour but are unable to alter it.

Hargreaves (1967), Hargreaves, Hestor and Mellor (1975), and Rutter and his fellow authors (1979) have shown that schools can either compound or alleviate children's problems. Tizard expressed this clearly when he wrote "We need to look carefully at schools as social institutions possibly influencing the incidence and duration of maladjusted behaviour patterns, at the routines of particular schools which may provide a more or less benign environment for the pupils". (Tizard 1973) A relevant and appropriate lively curriculum, and good behavioural management, contribute to this 'benign environment'. When these features are present, children with learning and behaviour problems perceive that the school values them. The schools where these features are present are most likely to be those where there are positive attitudes towards the children, where there is evidence of care for children who do not bring as much prestige to the school as their more gifted peers. When children perceive this about their schools the probability of maladjustment is much reduced.

Turning now to the assessment of children's behaviour, and the significance of it as pointers to maladjustment, teachers may find it helpful to refer to the following.

(1) Rutter's description of the criteria he and his colleagues used when deciding whether or not psychiatric disorder was present in children. The criteria are clearly laid out in 'Helping Troubled Children' and they have already been mentioned in an earlier section of this monograph.

(2) Chazan's list of behaviours that may be indicative of maladjustment. (Chazan 1963) Chazan has suggested that teachers should pay attention to the behaviours noted below, so that further enquiries might be made where children show them to a marked extent over periods of time. The list goes:

(a) Marked restlessness and inability to concentrate. Rutter and his colleagues found that this inability to concentrate was a characteristic of those children in the Isle of Wight who were found to have psychiatric disorder, and this, and Chazan's second 'danger signal',

(b) Failure to make and keep friends were constantly found among children with the disorder – irrespective of whether these children could be classified as

conduct disordered or whether they came into the category of neurotic disorder.

(c) Unprovoked aggression.

(d) Irritability and sulkiness. This reminds us that some children have temperamental difficulties which impair their relationships with others and increase their resentment and frustrations. Discounting any deficiences in child rearing practices, there are some unlucky children who, for a variety of reasons, some of them connected with ante-natal development, are difficult to feed, who show difficulties in sleeping and whose behaviour places unusual burdens on their parents. The difficult-to-rear child, who disappoints and frustrates his parents, elicits negative behaviours from them. This increases the probability of negative behaviour on his part so that the circle of provocation, frustration, rejection and further provocation, is completed. This reminds us that children and adults to some extent determine their own experiences of other people, and with children particularly, they determine their own learning about other people.

(e) Delinquent behaviour.

(f) Clamouring to attract attention. This is a well known characteristic of many maladjusted children. Generally, those children who find adequate love at home do not seek undue approval or punishment from adults in school.

(g) Excessive day dreaming. Life would not be supportable without the solace of day dreaming, but most of us indulge it while we can and do not allow it to interfere with our functioning. Here Chazan is pointing towards that escape from reality which is another well known characteristic of withdrawn maladjusted children, who find their world intolerable because of the unhappiness of it or because of the anxieties it provokes.

(h) Clumsiness and lack of co-ordination. This may be indicative of some form of brain damage, and as Stott has pointed out such damage leaves children particularly vulnerable to stress and not well equipped to deal with it. (Stott 1966) If children's motor and perceptual difficulties are marked, they become frustrated in attempting tasks which require perceptual and motor skills, and continued frustration quickly leads to aggressive responses. Continual failures in school tasks and in recreation damages children's self-esteem, and this lowered self-esteem is another characteristic of maladjusted children.

(i) Hypersensitivity to criticism. Most children accept criticism as part of life, but insecure children cannot do this. Neither can those whose experience of others, acquired during sensitive periods of development, leads them to believe that other people are hostile and criticise them, not because they are in error, but because they are disliked or hated. Many maladjusted children have had experiences which convince them that others *are* rejecting and hostile.

(j) Sudden and inexplicable deterioration in standard of work. This may be associated with some dreadful event in a child's home such as the break up of the parents' marriage, the departure of a parent after years of tension, death of a parent or sibling. Whatever it is, the event may mark the beginning of a child's deprivation, anxiety or unhappiness. This will inevitably show sooner or later in the child's behaviour.

(k) Sudden and unpredictable mood swings from elation to depression. This marked emotional lability is another characteristic of some maladjusted children. When they are 'up' they are not only unseasonably cheerful, they

are impulsive and inconsequential. In that mood they are likely to engage in foolhardy or delinquent behaviours, and when they are 'down' their acrimonious and sullen responses deter those who approach them.

Chazan echoes the advice that most writers give when describing the children's behaviour which suggests that they are maladjusted. It is not one atypical behaviour that is significant, but many that persist over time, which are not specific to certain situations or certain people.

This gives the clue to a matter which teachers too frequently overlook. They are present in all sort of situations where they can observe a variety of children's behaviours in many social situations. It does not need an educational psychologist to point out where and when children's behaviour is atypical. They do not know the children as well as the teachers do. Teachers have the inestimable advantage over outside professionals because they can collect evidence about children's behaviour in situations familiar to them and in their usual environments. When teachers are aware of the importance of observing children's behaviour, they can draw together important evidence about them. Where they are apt to fall down is in the recording of this behaviour in standardised form, and in assessing its significance. Here published behaviour inventories are most helpful, and teachers will find Stott, Rutter, and Cropper and his co-authors most useful.

Stott has published his Bristol Social Adjustment Guides (1974) and these are widely used. He has isolated five 'core syndromes' of behaviour – Unforthcomingness, Withdrawal, Depression, Inconsequence and Hostility. The guides indicate the limits within which behaviour may be considered to indicate normal adjustment or maladjustment. Like most investigators, Stott has made a broad division of the behaviours that indicate 'over reaction' or 'under reaction' in social situations, so that his Guides indicate the degree of maladjustment on either his 'underact' or 'overact' scales. Those who know the children well underline the descriptive phrases in the Guides which most frequently apply, and, with the use of the Diagnostic Sheets and the scores provided in the manual, it is possible to discover the degree of a child's maladjustment and whether it is predominantly associated with under reaction or over reaction.

These Guides are easy to administer, their use is not restricted to educational psychologists, and with all the limitations arising from the assumptions they make and the concepts on which they depend, they have proved to be effective in identifying maladjusted children. While the total scores they yield are useful, the changes in patterns of behaviour noted over a period of time on repeated use of the Guides are also most helpful to teachers. The changing patterns or the persistent patterns may suggest what behaviours are worth further exploration or which suggest that teachers might alter their approaches to a child.

Rutter's 'Children's Questionnaire for the Use of Teachers' is simpler to use than the Stott Guides. It consists of 26 descriptive statements of children's behaviour and teachers mark these at nought, one or two,

depending whether the description 'Doesn't Apply', 'Applies Somewhat' or 'Certainly Applies'. Any child whose total score exceeds nine has a problem of adjustment, but this total score is not all that the questionnaire reveals. Where Stott has provided the 'Underact' and 'Overact' subscales, Rutter has provided the 'Anti Social' and 'Neurotic' subscales. The scoring shows those children with scores of nine plus have problems mostly associated with anti-social or neurotic behaviour. The questionnaire is widely used in research and has been shown to be effective in identifying children with problems of adjustment. It is published in 'Education, Health and Behaviour', (Rutter, Tizard and Whitmore 1970) and it can also be found in the 'Journal of Child Psychiatry and Psychology' 1967 volume 8.

Teachers might also find Gropper, Kress, Hughes and Pekich helpful. They have drawn up a 'Summary of Criteria for Classifying Problem Behaviour' which refers to the intensity, appropriateness, duration, frequency and specificity of problem behaviours. They suggest that teachers should score these behaviours as being 'normal' 'problem' or 'referrable'.

In another schedule they have listed 'Thirteen Areas that Teachers Consider Sources of Potential Problem', the list including such behaviours as inattention, restlessness, attention seeking and delinquent behaviour. Both these schedules are published in Newcomer (1980) 'Understanding and Teaching Emotionally Disturbed Children'.

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NOTES

ROBERT LASLETT

Robert Laslett was trained as a teacher. After some years of training in Secondary Schools, he began work in special education in 1949 with backward children in a special class. His experience with maladjusted children started in 1952 and continued, both in residential schools and as Head of a day school until 1971. Since 1972, he has been Lecturer in Education and Tutor to the Advanced Course in Special Education (Emotional and Behaviour Difficulties), The Faculty of Education, University of Birmingham.

He has written about maladjusted and disruptive children in educational journals. His book, 'Educating Maladjusted Children' appeared in 1977. In co-operation with a colleague he has just completed a book on classroom management which is to be published in January 1984. The National Council for Special Education asked him to write a pamphlet 'Maladjusted Children in Ordinary Schools', which appeared in 1982.

He was Chairman of the Association of Workers for Maladjusted Children from 1976 until 1982 and is currently the Association's President.

Monograph 1 Day Units for Children with Emotional and Behavioural Difficulties

In my introduction to the first monograph, I gave my thanks to a number of those who had helped in its preparation. I omitted to mention the name of Dr. Jenny Cook, Lecturer in Special Educational Needs at Jordanhill College, Glasgow, who played a most important and appreciated part in the preparation of the first three papers. I would like to take this opportunity of extending my apologies to her.

Anthony Rodway
General Editor